STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

A Thankful Heart Villa AFH LLC

A Thankful Heart Villa AFH LLC
6419 Nyanza Park Dr SW
Lakewood, WA 98499

RE: A Thankful Heart Villa AFH LLC License # 757382

Dear Provider:

This letter addresses Compliance Determination(s) 66194 (Completion Date 09/26/2025) and 64717 (Completion Date 08/26/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/26/2025 and found that you have corrected the violations listed in the Full report dated 08/26/2025. Your home is back in compliance as of 09/10/2025 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10265-1-d, WAC 388-76-10265-2, WAC 388-76-10161-2-b

The Department staff who did the off-site verification:
Lindsay Trent, Adult Family Home Licensor

If you have any questions, please contact me at (253)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 757382	Compliance Determination #64717
Plan of Correction	A Thankful Heart Villa AFH LLC	Completion Date
Page 1 of 4	Licensee: A Thankful Heart Villa AFH LLC	08/26/2025

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 08/20/2025 of:
A Thankful Heart Villa AFH LLC
6419 Nyanza Park Dr SW
Lakewood, WA 98499

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Lindsay Trent, Adult Family Home Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Residential Care Services — Date: 08/29/2025

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Ann Christine B. Hughes — Provider (or Representative) — Date: 9-10-2025

WAC 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(d) Caregiver;

(2) For the purposes of the tuberculosis sections "person" means the people listed in this section as required to have tuberculosis testing.

This requirement was not met as evidenced by:

Based on observations, interviews, and record reviews, the Adult Family Home (AFH) failed to ensure 1 of 3 caregiving staff (Caregiver A) completed tuberculosis (a contagious bacterial disease) testing within three days of employment. This failure resulted in residents receiving care from a caregiver without a current tuberculosis test.

On 08/20/2025 at 11:45AM, observations showed Caregiver A was working in the AFH and providing care to residents.

On 08/20/2025, review of Caregiver A's personnel records showed that Caregiver A was hired on 11/20/2024. There was no documentation showing Caregiver A completed a tuberculosis (TB) skin or blood test within three days of hire and there was no documentation showing Caregiver A had previous positive skin test or blood test to exclude them from testing requirements.

On 08/20/2025 at 3:45PMPM, the Provider stated that Caregiver A completed a chest x-ray because they had a history of a positive TB test, but they were not able to find that documentation.

On 08/21/2025, the Provider emailed documentation showing Caregiver A had completed a negative chest x-ray on 01/09/2025, which was after their hire date.

No further documentation was received prior to completion of the inspection.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, A Thankful Heart Villa AFH LLC is or will be in compliance with this law and / or regulation on (Date) 9-10-2025.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Ann Christine B. Hughes
Provider (or Representative)

9-10-2025
Date

WAC 388-76-10161 Background checks Who is required to have.

(2) The adult family home must ensure that all caregivers, entity representatives, and resident managers who are employed directly or by contract after January 7, 2012, have the following background checks:

(b) A national fingerprint background check.

This requirement was not met as evidenced by:

Based on observations, interviews, and record reviews, the Adult Family Home (AFH) failed to ensure 2 of 3 caregiving staff (Caregiver A and Caregiver B) completed a National Fingerprint Background Check Report. This failure placed residents risk of receiving care from an unqualified caregiver.

On 08/25/2025 at 11:45AM, observations showed Caregiver A and Caregiver B were working in the AFH and providing care to residents.

On 08/20/2025, review of the AFH's personnel records showed Caregiver A was hired on 11/20/2024 and Caregiver B was hired on 08/16/2024. There was no documentation showing a National Fingerprint Background Check Report had been completed for Caregiver A and Caregiver B.

During an interview on 08/20/2025 at 3:40PM, the Provider stated that they were not aware caregiving staff were required to complete a National Fingerprint Background Checks.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, A Thankful Heart Villa AFH LLC is or will be in compliance with this law and / or regulation on (Date) 8-25-2025

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Ann Christine B. Hughes
Provider (or Representative)

9-10-2025
Date

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

A Thankful Heart Villa AFH LLC
A Thankful Heart Villa AFH LLC
6419 Nyanza Park Dr SW
Lakewood, WA 98499

RE: A Thankful Heart Villa AFH LLC # 757382

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 08/26/2025 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Rathana Duong, AFH Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:

eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

On 08/20/2025, review of the Adult Family Home's (AFH) Administrative Records showed the AFH did not have a written succession plan that addressed how they would continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative was unable to fulfill their duties in the home. The Provider sent documentation to the Department showing a written succession plan was completed on 08/21/2025, prior to completion of the inspection to correct the deficiency.

WAC 388-76-10146 Qualifications Training and home care aide certification.

(2) The adult family home must ensure all adult family home caregivers, entity representatives, and resident managers hired on or after January 7, 2012, meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(d) Cardiopulmonary resuscitation and first aid; and

On 08/20/2025, review of the Adult Family Home's personnel records showed the Provider's cardiopulmonary resuscitation (CPR) and first aid training expired on 12/06/2024. The Provider sent documentation to the Department showing they completed CPR and first training on 08/21/2025, prior to completion of the inspection to correct the deficiency.

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested; and

On 08/20/2025, review of records for Resident 3 and Resident 5 showed the Negotiated Care Plans were not available for review. The Provider located and sent documentation to the Department showing the Negotiated Care Plans for Resident 3 and Resident 5 had been completed, prior to completion of the inspection to correct the deficiency.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

• Please contact me at (253)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager
Region 3, Unit A
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Rathana Duong, AFH Field Manager

Residential Care Services
Region 3, Unit A
Preferred methods:
eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225